







Introduction to the LS/CMI

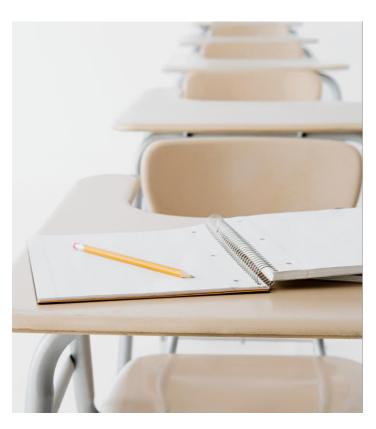
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Objectives



- 1. Review the principles of effective classification
- 2. Review the LS/CMI
- 3. Discuss how to interpret the results
- 4. Discuss training and certification process





PRINCIPLES OF EFFECTIVE CLASSIFICATION





The RNR Framework

RISK

NEED

RESPONSIVITY

DISCRETION

WHO to target for intervention <u>WHAT</u> to target for intervention HOW to target behaviors and thoughts for change

Professional Discretion





Risk Principle



- Level of service and supervision should be matched to the level of risk
- Intensive services should be reserved for higher risk individuals
- Overserving low risk individuals
 can cause harm
- Requires a **valid measure** of risk





Central Eight Risk Factors

Antisocial Attitudes Antisocial Peers Antisocial Personality

History of Antisocial Behavior

Family

Education/ Employment Substance Abuse Leisure/ Recreation





What happens if we violate the risk principle?

Sarah is a

22-year old woman

arrested for shoplifting.

This is her **first police contact.**

She is assessed as low risk.

What happens if she is sent to residential treatment?

Put her on intensive supervision?

What happens to her protective factors?

Will Sarah *Remain* Low Risk?

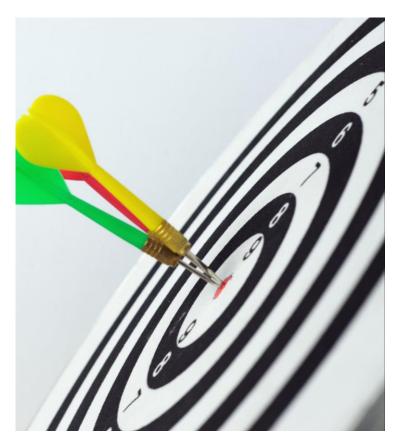




Need Principle

We can reduce the likelihood of recidivism by *assessing* and *targeting* criminogenic needs.

Interventions must be very **focused**.







Criminogenic Needs Reflect Dynamic Risk



Criminogenic



\Non-Criminogenic

Problem-solving

Decision-making

Anger management

Substance abuse treatment

Family functioning

Reducing criminal thinking

Vague or emotional problems

Physical activity

Fear of official punishment

Creativity

Mental health

Appreciation of nature





Responsivity

People respond differently to treatment strategies and correctional environments

"Barriers" to treatment

Assessing responsivity is important to maximize benefits of treatment

Specific

Matching to program and interventions

Remove individual barriers to interventions

General

Behavioral and cognitivebehavioral techniques

Core correctional practices

Social learning techniques





Specific Responsivity

Internal Factors

- Trauma experience
- Cognitive abilities
- Race/culture
- Age
- Personality

External Factors

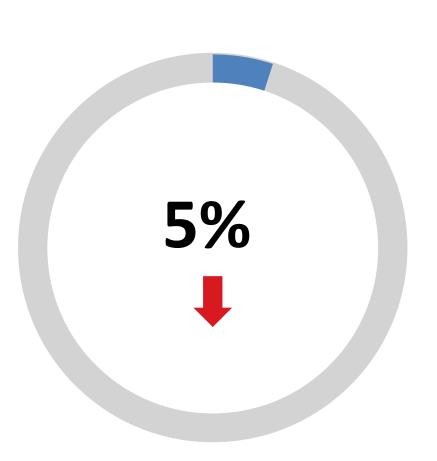
- Correctional setting
- Transportation
- Homelessness
- Child care
- Facilitator characteristics
- Gang affiliation





Professional Discretion

- Also known as override
- Consider risk, need, and responsivity
- Determine if placements dictated by assessment are the most appropriate
- With general caseloads, overrides should occur 5% of the time or less







Review of the Instrument





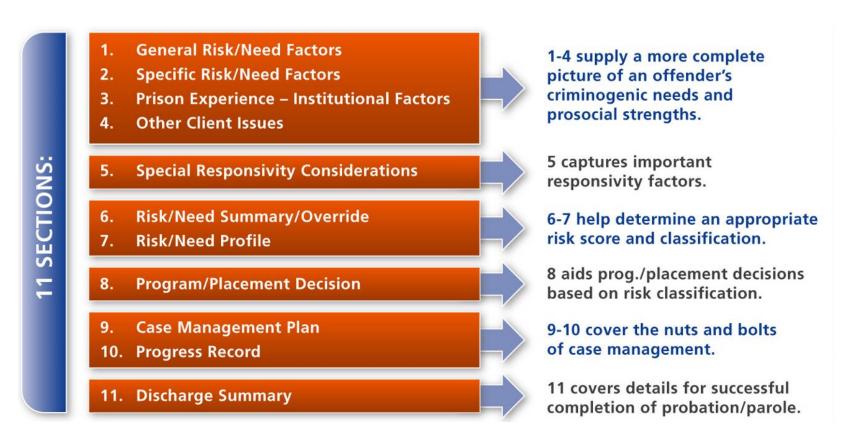


| | LSI-R | LS/CMI |
|---------------------------|--------------------------|------------------------------|
| # Items | 54 | 43 (Section 1) |
| # Subcomponents | 10 | 8 (Section 1) |
| # Sections | 1 | 11 |
| Risk/Need | General | General + Specific |
| Identifies specific needs | Calculate percentages | Provides levels |
| Responsivity | Not addressed | Addressed (Section 4 & 5) |
| Includes strengths | No | Yes |





Sections of the Instrument







LS/CMI[™] Section 1 Subcomponents

Criminal History

Education/Employment

Family/Marital

Leisure/Recreation

Companions

Alcohol/Drug Problem

Procriminal Attitude/Orientation

Antisocial Pattern

The "Central Eight" Criminogenic Needs

History of Antisocial Behavior

Education/Employment

Family/Marital

Leisure/Recreation

Antisocial Associates

Substance Abuse

Antisocial Attitudes

Antisocial Personality Pattern

LS/CMI and the Central 8





Scoring Guidelines

Substance use related to offense

- Criminal activity is related to substance use
- Use alone not sufficient
- Substance use directly contributes or could contribute to law violation

Application: John

- Admits experimenting with marijuana
- Denies a drug or alcohol problem
- Negative drug tests
- Convicted on possession with intent to sell





Strengths

Positive factors which may moderate impact of risk factors

Absence of risk may/not be a strength

Important for case planning

Does not add or subtract from score

Application: John

- Having problems at home
- Not close with his parents
- Has several delinquent friends
- He likes his job and is doing well at work





Section 2: Specific Risk/Need Factors

2.1: Personal problems with criminogenic potential

2.2 History of Perpetration

Outstanding charges
Peers outside age range
Intimidating/controlling

History of sexual assault
Stalking/harassment
White collar crime





Section 3: Prison Experience – Institutional Factors

3.1 History of Incarceration

3.2 Barriers to Release

Prior classification level

Protective custody (current)

Insufficient community support Notoriety of offense





Section 4: Other Client Issues

Social, Health, and Mental Health

Victimization

Homeless
Immigration issues
Learning disability

Insufficient community support Notoriety of offense





Section 5: Special Responsivity Concerns

Motivation
Interpersonally anxious
Women, gender-specific issues
Low intelligence





Section 6: Risk/Need Summary and Override

6.1: Score-based Risk/Need Level

6.2: Client-based/Clinical Override

6.3: Administrative/ Policy Override

6.4: Final LS/CMI Risk/Need Level







Section 7:Risk/Need Profile

| Risk/Need | CH | EE | FM | LR | CO | ADP | PA | AP | Total | R/N1 | Override |
|-----------|-----|-----|----|----|----|-----|----|----|-------|-----------|-----------|
| Very High | 8 | 8–9 | 4 | _ | 4 | 7–8 | 4 | 4 | 30+ | Very High | Very High |
| High | 6–7 | 6–7 | 3 | 2 | 3 | 5–6 | 3 | 3 | 20–29 | High | High |
| Medium | 4–5 | 4–5 | 2 | 1 | 2 | 3–4 | 2 | 2 | 11–19 | Medium | Medium |
| Low | 2–3 | 2–3 | 1 | | 1 | 1–2 | 1 | 1 | 5–10 | Low | Low |
| Very Low | 0–1 | 0–1 | 0 | 0 | 0 | 0 | 0 | 0 | 0-4 | Very Low | Very Low |





Section 8

Program/Placement Decision

Section 9-11

Case Management

Protocol





| Risk Level | Score |
|------------|-------|
| Very Low | 0-4 |
| Low | 5-10 |
| Medium | 11-19 |
| High | 20-29 |
| Very High | 30-43 |

Risk Levels





Summary of Results

| Risk/Need | CH | EE | FM | LR | CO | ADP | PA | AP | Total | R/N1 | Override |
|-----------|-----|-----|----|----|----|-----|----|----|-------|-----------|-----------|
| Very High | 8 | 8–9 | 4 | _ | 4 | 7–8 | 4 | 4 | 30+ | Very High | Very High |
| High | 6–7 | 6–7 | 3 | 2 | 3 | 5–6 | 3 | 3 | 20–29 | High | High |
| Medium | 4–5 | 4–5 | 2 | 1 | 2 | 3–4 | 2 | 2 | 11-19 | Medium | Medium |
| Low | 2–3 | 2–3 | 1 | _ | 1 | 1–2 | 1 | 1 | 5–10 | Low | Low |
| Very Low | 0–1 | 0–1 | 0 | 0 | 0 | 0 | 0 | 0 | 0–4 | Very Low | Very Low |

What is John's **risk level**?

What **areas** should be **prioritized** for **intervention**?





Training and Certification Requirements







Final Points to Remember

- Classification involves decision-making
- Statistical prediction is **more accurate** than clinical prediction
- Using standardized factors <u>improves</u> reliability and ease of scoring; <u>reduces</u> time and cost
- Instruments give guidance and information; people make decisions





THANK YOU!

Questions and concerns can be directed to:

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